

Residential Cross Connection Plumbing Survey

City of Hickman, Public Works and Utilities Department

The safety of Hickman's water is very important. The Nebraska Department of Health and Human Services requires water utilities in Nebraska to have all water customers inspect their plumbing systems for potential cross connections with the public water supply and ensure these connections are properly protected against backflow or back-siphonage. **Please review the enclosed brochure regarding plumbing cross connections and complete this simple survey for the property listed below.**

Plumbing Survey for Address at:	
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Name
Address
City, State ZIP

Please correct name and address

Please return the survey within 14 days of receipt. You may also complete the survey by visiting <http://www.hickman.ne.gov> or scan and send this form to cgoering@hickman.ne.gov

Thank you for assisting in compliance with State regulations and protecting Hickman's drinking water.

Plumbing Cross Connection Type (Please return survey even if no cross connections are present)		Yes	No
1.	Is there a private well or other source of water supply at this address including wells for geothermal heating/cooling source?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, is there a backflow preventer in use to protect the public water supply?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there an underground lawn irrigation system at this address?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, is there a backflow preventer in use to protect the public water supply?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, does the irrigation system have a pump?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, does the irrigation system have a chemical or fertilizer system attached to it?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a swimming pool or hot tub at this address?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, is there a backflow preventer in use to protect the public water supply?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there a photo lab, chemical lab, biological lab, veterinarian lab, or other chemical lab at this address?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, is there a backflow preventer in use to protect the public water supply?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is there a boiler system used to heat the home at this address?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, is there a backflow preventer in use to protect the public water supply?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are chemicals used in the water?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is there medical, dental or dialysis equipment used at this address?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, is there a backflow preventer in use to protect the public water supply?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are there other suspected plumbing cross connections at this address? See Brochure	<input type="checkbox"/>	<input type="checkbox"/>

Please print name and phone number	Signature	Date
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If you have questions please contact 402.792.2212 or email at cgoering@hickman.ne.gov or visit the Hickman website at <http://www.hickman.ne.gov>